# Review of the 2028 Home and Community-Based Services (HCBS) Quality Measure Set

**Call for Measures Office Hours** 



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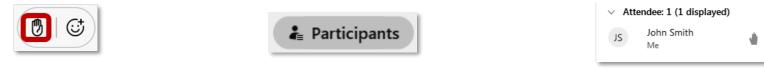


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# **2028 HCBS Quality Measure Set Review Process**



### **Background: The HCBS Quality Measure Set**

- Medicaid home and community-based services (HCBS) provide individuals who need help with everyday activities the opportunity to receive services in their homes and communities as opposed to institutional settings
- In 2022, the Centers for Medicare & Medicaid Services (CMS) released the first official version of the HCBS Quality Measure Set for voluntary use
- The HCBS Quality Measure Set is a set of nationally standardized quality measures for Medicaid covered HCBS that:
  - Promotes common and consistent use of nationally standardized measures within and across States
  - Creates opportunities for CMS and States to have comparative quality data on HCBS programs
  - Drives improvement in quality of care and outcomes for people receiving HCBS
  - Supports States' efforts to promote equity in their HCBS programs



### Purpose of the HCBS Quality Measure Set Review

- Implementing an effective quality measures reporting program includes periodically reassessing the measures
  - Changes in regulatory guidance or experience with reporting and performance rates may warrant modifying the measure set
- The Ensuring Access to Medicaid Services final rule requires States to report the HCBS Quality Measure Set every other year, and describes the process for updating and maintaining the measure set
- Mathematica is supporting CMS by establishing and convening an HCBS Quality Measure Set Review Workgroup
  - The Workgroup will review and identify gap areas in the current HCBS Quality
     Measure Set and recommend changes for improvement



### 2028 HCBS Quality Measure Set Review Milestones



- December 2025:
   CMS releases
   proposed 2028
   HCBS Quality
   Measure Set in
   Federal Register
   for Public
   Comment
- December 2026:
   CMS posts final
   2028 HCBS
   Quality Measure
   Set in Federal
   Register

All webinars and Workgroup meetings will be held virtually and are open to the public.



### **Call for Measures**

- On behalf of CMS, Mathematica is issuing a call for measures as part of CMS's process to make updates to the HCBS Quality Measure Set
- Anyone can suggest measures for addition to or removal from the HCBS Quality Measure Set
- Measures suggested for addition to or removal from the HCBS Quality Measure Set will be considered by CMS in finalizing the 2028 HCBS Quality Measure Set
  - CMS will update the HCBS Quality Measure Set based on Workgroup recommendations and other sources of input
  - The draft 2028 HCBS Quality Measure Set will be posted in the Federal Register for public comment before it is finalized



### **Measure Submission Tips**

- Measure suggestions are the foundation for Workgroup review process
  - Measure suggestions must be submitted via an online form
  - Measure suggestion submissions must be complete in order for the Workgroup to review and vote on the measure suggestion
- Mathematica will prepare Measure Information Sheets for each measure suggested that Workgroup members will review to prepare for the voting meeting
  - In your form, explain why the Workgroup should consider recommending a measure for addition or removal
  - You will be required to provide evidence to support your measure suggestion, including citations where applicable
  - For measures suggested for addition, be sure to address the minimum technical feasibility criteria
- If suggesting a new measure to replace a current measure, remember to submit both an addition form and a removal form



### **Criteria for Suggesting Measures for Addition**

## Minimum Technical Feasibility Requirements

- The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).
- The measure must have been tested in state Medicaid HCBS programs or be in use by one or more state Medicaid HCBS programs.
- An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to an identifier).
- The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
- The measure must include technical specifications (including code sets) that are provided free of charge for state use in the HCBS Quality Measure Set.

#### **Actionability and Strategic Priority**

- Taken together with other HCBS Quality Measure Set measures, the measure can be used to estimate the overall national quality of HCBS service delivery, advance health equity in Medicaid HCBS programs, or contributes to the measure set in a way that justifies its inclusion while aligning with the goal of a parsimonious measure set.
- The measure addresses a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs.
- The measure can be used for comparative analyses of disparities among Medicaid beneficiaries receiving HCBS by all the required stratification categories in the Medicaid Access Final Rule: race, ethnicity, sex, age, rural/urban status, disability, language, or other such factors.
- The measure can be used to assess state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs overall (e.g., the measure has room for improvement, performance is trendable, and similar measure constructs can be measured across different survey instruments permitted within the measure set).
- The measure aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
- The measure would fill a gap in the HCBS Quality Measure Set, would address an imbalance in data source types within the measure set, or would add value when compared to related measures that are already in the HCBS Quality Measure Set.

#### Other Considerations

- The prevalence of the outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid HCBS population sizes and demographics.
- The measure and measure specifications are aligned with those used in other CMS programs, where possible.
- Adding the measure to the HCBS
   Quality Measure Set does not result in
   substantial additional data collection
   burden for providers or Medicaid
   beneficiaries receiving HCBS relative
   to the measure's benefits.
- States should be able to produce the measure for all relevant Medicaid HCBS populations within two years of the measure being added to the HCBS Quality Measure Set.
- The code sets and codes specified in the measure must be in use by states or otherwise by readily available to states to support calculation of the measure.



### **Criteria for Suggesting Measures for Removal**

#### **Technical Feasibility**

- The measure is being retired by the measure steward and will no longer be updated or maintained.
- The measure is not fully developed and does not have detailed technical measure specifications preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).
- The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries receiving HCBS (or the ability to link to an identifier).
- The specifications and data source do not allow for consistent calculations across states (e.g., there is variation in coding or data completeness across states).

#### **Actionability and Strategic Priority**

- Taken together with other HCBS Quality Measure Set measures, the measure
  does not contribute to estimating the overall national quality of HCBS service
  delivery or advancing health equity in Medicaid HCBS programs and does not
  contribute to the measure set in a way that justifies its inclusion while
  aligning with the goal of a parsimonious measure set.
- The measure does not address a strategic priority for improving service delivery and outcomes in Medicaid HCBS programs.
- The measure cannot be used for comparative analyses of disparities among Medicaid beneficiaries receiving HCBS by all the required stratification categories in the Medicaid Access Final Rule: race, ethnicity, sex, age, rural/urban status, disability, language, or other such factors.
- The measure cannot be used to assess state progress in improving HCBS service delivery and outcomes in Medicaid HCBS programs overall (e.g., the measure is topped out, trending is not possible, or similar measure constructs cannot be measured across different survey instruments permitted within the measure set).
- Improvement on the measure is outside the direct influence of Medicaid HCBS programs/providers.
- The measure no longer aligns with priorities that are important for and important to Medicaid beneficiaries receiving HCBS.
- Another measure is recommended for replacement and that other measure is: (1) more broadly applicable (across populations or disability types) for the topic, and/or (2) more proximal in time to desired outcomes for Medicaid beneficiaries receiving HCBS, and/or (3) more strongly associated with desired outcomes for Medicaid beneficiaries receiving HCBS.

#### **Other Considerations**

- The measure does not produce reliable and meaningful state-level results, given Medicaid HCBS population sizes and demographics.
- The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- Including the measure in the HCBS Quality Measure Set could result in substantial additional data collection burden for providers or Medicaid beneficiaries receiving HCBS that outweighs the measure's benefits.
- States may not be able to produce the measure for all relevant Medicaid HCBS populations within two years of the measure being added to the HCBS Quality Measure Set.



### **Demonstration of Measure Suggestion Forms**

#### **HCBS Call for Measures Additions**

#### 2028 Home and Community-Based Services (HCBS) Quality Measure Set Review:

Data Submission Template for Measures Suggested for Addition to the HCBS Quality Measure Set

#### Instructions

- 1. All questions that have an asterisk symbol \* require a response in order to submit the online form.
- 2. Questions that have a caret symbol ^ may be conditionally required, depending on your response to a previous question. Please follow the instructions provided below about when to complete or skip these questions.
- 3. All questions that appear with a blank text box underneath the question will accept free text responses in the online form. Be sure to adhere to character limits (if specified) and to spell out all abbreviations and define special terms at their first occurrence.
- 4. For check box fields: note whether the field is "select one" or "select all that apply." You can click on the box to place or remove the "X."
- 5. Send any questions to <a href="https://example.com">HCBSQMSReview@mathematica-mpr.com</a> with the subject line "Public Call for Measures."

START

Save & Continue Later

- Form to Suggest a Measure for Addition
- Form to Suggest a Measure for Removal



### Process for Suggesting Measures for Addition to or Removal from HCBS Quality Measure Set

- Anyone may suggest measures for removal from or addition to the 2028 HCBS Quality Measure Set
- The call for measures opened on Monday, July 8, 2024, and closes on Friday, August 16, 2024, at 8:00 p.m. ET
- More information and links to the suggestion forms is available on our website at: <a href="https://mathematica.org/features/hcbsqmsreview">https://mathematica.org/features/hcbsqmsreview</a>
- If you have any questions about the call for measures process, please email the Mathematica HCBS Quality Measure Set Review Team at: HCBSQMSReview@mathematica-mpr.com



### **Questions**

